DOCUMENT RESUME

ED 237 192 PS 013 869

AUTHOR Morrison, T. R.
TITLE The Resiliency of Families.
INSTITUTION Vanier Inst. of the Family, Ottawa (Ontario).
PUB DATE 12 May 81
NOTE 30p.; Paper presented at the Meeting of the College of Family Physicians and Surgeons of Canada (Quebec City, Canada, May 12, 1981).
PUB TYPE Information Analyses (070)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Adults; *Attitude Change; Cultural Influences; *Family Attitudes; *Family Life; *Family Relationship; Foreign Countries; Heart Disorders; Medical Evaluation; Medical Research; *Social Change
IDENTIFIERS Canada

ABSTRACT

According to researchers, the family may be changing but it is still one of the central institutions in society. Studies report a shift in more than 20 attitudes and values, most of which relate to the context of family life. Specifically, these include attitudes toward marriage, divorce, childbearing, childrearing, working women, family violence, female/male household roles, and parental obligation to children. Reports also indicate that many children prefer television to their own parents. The cumulative effect of these changes has not brought happiness or "self-fulfillment." At least three areas need to be addressed: (1) the contemporary image of the family as a restrictive and uncreative environment, (2) the professional and bureaucratic structures with which we have encircled the family, and (3) the need to evolve a new image of the family to preserve continuity and change. As a backdrop to these changes, the Framingham study, a 30-year investigation that has established factors connected to coronary heart disease, is of interest. While this investigation did not address psychological and social data as factors, medical practice should consider data resulting from it in terms of assumptions about causes of disease, the connections between disease and human relationships, consideration of familial life in health problems, and close physician contact with families. Reformation of medicine in light of familial principles should result in a reduced scale of operations, simple principles, lower costs, and rebuilt human exchange. (BJD)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

PERSPECTIVES

THE VANIER INSTITUTE OF THE FAMILY L'INSTITUT VANIER DE LA FAMILLE

151 Slater Ottawa KIP5H3 Canada 613/232-7115

ED237192

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

X This document has been reproduced as received from the person or organization originating it.
Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

THE RESILIENCY OF FAMILIES

DR. T. R. MORRISON

President of the Vanier Institute of the Family

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Vanier Inst. of the Family

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

PS 013869

Address to

The College of Family Physicians and Surgeons of Canada

Quebec City, P.Q.

May 12, 1981

A substantial portion of public, professional and media attention is being paid today to what is frequently called the "crisis" of the modern family. In the context of this audience, it is, to use a pun, not difficult to chart some of the major "symptoms" of this so-called "pathological outbreak":

(1) Today one in three marriages ends in divorce, and it is now estimated that almost one-half the children born in the 1970's will spend part of their childhood in one parent households.

(2) During the past generation or so, the percentage of working women with school-age children has more than doubled.

(3) The level of family violence, parent to child, spouse to spouse, grandparent to grandparent, mistress to keeper, has increased to the point where the majority of intentional murders now occur between family members.

(4) During the twentieth century, there has been a steady decline in mean household size and a corresponding increase in the percentage of single-person households.[1].

This litany of impending disaster could, and frequently does, go on for endless hours and pages. In this regard, I often get the feeling that many of those people who are "rate conscious" assume that these statistics have a dynamic of their own, unconnected in any way to real people. They stand, in this connection, as the familial equivalent of the inflation rate breeding, as does the inflationary spiral, their own psychology. One of the first things many newly-married couples do today, for example, is to discuss arrangements to be invoked, given the assumed probability that they will, at some future point, engage in divorce negotiations.

What is often neglected in this deluge of statistics, and the apocalyptic visions they portray, is that the major dynamic affecting family life today is the same as it always has been - people, their attitudes, values and the choices they make. My starting point in this address, then, is to try to put people back into the maze of statistics and, thereby, attempt to derive some sense of meaning about what we see. What, to put it simply, is going on in family life anyway?

Since World War II, we have in North America experienced the multiple impacts of our attempts to loosen a rather uptight culture. This process has been made possible, until very recently, by the social maneuverability created by a flourishing economy. During this era, people have had a rare opportunity: they have had the chance, not only to reflect on their values, attitudes and pysches, but, more importantly, to reality-test their ideas and preferences. Countless individual experiments in living have evolved culminating, over time, in a rather profound cultural change.

The contemporary situation in family life, then, represents the lived out and public expression of a process of introspection which has involved a rethinking of the meaning of success, work, sex, marriage, leisure and the family. What confuses many people today about families is that there does not appear to be any consistent outcome of this process of introspection, beyond the rather vague search for "self-fulfillment". This sense of ambivalence is understandable, and quite congruent with the phenomenon in question, since the conventional definition of self-fulfillment seems to mean having a career; and a stable marriage; and children; and sexual freedom; and autonomy; and money; and choosing non-conformity; and seeking justice; and enjoying city life, with a retreat in the country; and

having graciousness with simplicity; and enjoying privacy and friends on demand. The medical profession is not immune to the quest for self-fulfillment. Their peculiar variant of this pursuit, today, appears to be having the guarantees of medicare with the right to extra bill. Needless to say, self-fulfillment is not easily achieved.

The family may be changing, or as some claim under siege, but it still is undeniably one of the central institutions and experiences in our lives. This is born out by the fact that, of the twenty or so fundamental shifts in attitudes and values reported by researchers to have occurred in the last twenty-five years, over half of these relate to the context of family life.[2.]

Basic attitudes toward marriage, for example, have changed. Virtually all polls and studies conducted in the 1950's reported that single women shared one overriding assumption: they would eventually marry and, body willing, they would conceive three to four children. Those who preferred the "single state", moreover, were often criticized by males and their "sisters" alike as "sick", "neurotic" or incipiently immoral. By the late 1970's, however, marriage and parenthood were rarely viewed as necessary, nor were people who opted for alternative roles

assigned to social purgatory. In fact, the new social deviants of the late twentieth century may be the married couple who doggedly cling together in the classical one-time-only marriage. As one commentator has observed, in the 1950's "diamonds were forever". In the 1980's "diamonds are for now".

These attitudes toward marriage have a "spill-over effect" in terms of social behaviour. From 1960 - 1980 single households have increased 66%, while the percentage of single-parent families has jumped from 9% - 25% of all households.

Attitudes toward childbearing have also shifted. From the once universally-accepted norm that defined a childless woman as barren, incomplete or selfish, we have today widespread acceptance of "childlessness without stigma". In the same spirit, three of four North Americans now feel that it is morally acceptable to be single and have children. When one considers the social outrage associated, earlier in this century, with having children out of wedlock, this is a truly landmark occurence.

Here again a behavioral spill-over seems to be operating. In recent years, the fertility of North American women has plunged from 118 births per 1000 in 1955 to 66 per 1000 in 1975. At the same time the average number of children per family has fallen from 3.7 in 1955 to 1.8 in

the 1980's. In the 1950's female attitudes toward child-bearing were infused with a sense of moral mission. Today, these attitudes seem to focus more on a vague sense of curiosity about the experience. This "curiosity factor" may underpin the reported increase noted by obstetricians in the number of women between the ages of 30 - 40 who are having their first child.

Attitudes toward what a woman is "supposed to do" as wife and mother and what a man is supposed to do as husband and father are not surprisingly changing in ways which are dramatically impacting the family and workplace. Within a single generation, norms regarding whether or not a wife should work outside the home have altered. Women have always worked outside the home; this is not new.[3.] What is new is the change in cultural meaning attached to the participation of women in the work force. Until recently, it was a source of male pride, a definitive feature of that folk hero of our culture, the "real man"; one who was so successful as a provider that his wife need not work outside the home. Manliness was equated with earning power.

From the sixties on, this link between manliness and earning power has been weakened, without surprisingly undue damage to the male psyche. People now see women's work outside the home as contributing to the status of woman without adversely affecting that of the man. The

reason for this can be traced to the fact that the relationship between family and work for the sexes has not really changed. By and large men have always and still do shape their families around their work. Women, for their part, continue to shape their work around their families. What was initially perceived as a socially disrupting force, the movement of women into the work force, has not occurred. The reason, to put it bluntly, is that males discovered that they could reap the economic harvest of extra income while, at the same time, be guaranteed that the home would be managed on a business as usual principle.

A slow change, however, may be impairing the unfolding of this master plan. Younger and more well-educated women no longer appear as willing to shape work around their family responsibilities. If this process continues and broadens in scope, then the revolution in sex roles which we think we have experienced will truly begin. In this event, it is undoubtedly true that males will confront the sex role equivalent of future shock.

One of the most dramatic and, in some ways disturbing, types of changes in current social norms are those which relate to children. The general pattern emerging is reasonably clear: parents today expect to make fewer sacrifices for their children than parents did in the past, but they also demand less of them in future

obligations. In a study conducted for General Mills on Raising Children In A Changing Society, for example, the following key findings appear:

(1) Nearly 2/3 of all parents rejected the idea that parents should stay together for the children's sake.

(2) The same percentage feel parents should feel free to live their own lives even if it means spending less time with their children.

(3) The same percentage endorse the view that they have the right to live well now and spend more even if they leave less to their children.

(4) The same percentage believe as well that children do not have an obligation to parents regardless of what parents have done for them.[4.]

These attitudes obviously leave a vacuum in the lives of children. By and large, this gap has been bridged by professional child-care givers, peers and television. In this regard, it is worth pondering the finding of a recent research study which reports that many children prefer television to their own parents!

The most significant activity of contemporary children up to the age of 14, in fact, is watching television. The average pre-schooler watches T.V. about 33 hours per week, one third of his waking hours. The average sixth grade child watches about 31 hours. Television represents a tremendous change in how children of all ages are cared for. Television, in reality, is by far the most important new child care arrangement of this century.

It is the current vogue to decry such an abiding attachment to T.V. as dangerous and insidious. We hear cries for censorship and occasionally outright denial of any value in televiewing. Yet, if one stops to think for a minute, it should become clear that the rapid acceptance of television into the family reflects the fact that T.V. is meeting some felt needs in our society:[5.] our need for effortless entertainment and diversion, our need to know what is taking place beyond the bounds of our daily lives; our need for fantasy; our need for heroes; our need for companionship; our need for baby-sitters; and our need to "switch off by switching on".

One of the most serious consequences of the injection of T.V. into our families, however, is its impact on the relationships of those living in the home. This impact, moreover, is independent of the content of programming

through the medium. Prolonged watching of T.V. could be associated with family problems, particularly when it is used as a coping mechanism, as a means of escaping from pre-existing family tension. In other words, family members use T.V. to avoid intense and personal interaction and the expression of true feelings. The point here is that we have tended to focus on T.V. as posing a problem for the control of content - cf what is viewed. And in so doing we have avoided a critical look at one of the more significant functions of T.V. in the home - that is, a means of avoiding interaction. The irony is that we tend to watch television in the "family room" thereby perpetuating the illusion that we are participating in family interaction.

As this sketch indicates, attitudes in relation to significant dimensions of family life have, over the past twenty-five years, changed. Contrary to the chic pop mythology which praises the virtues of "uncoupling" and "pulling your own strings", however, these changes have not evolved in an anxiety-free manner. In fact, family change is a classic example of the ways in which loss and grief intermingle with societal innovation. For, as Peter Marris has observed, "the impulse to preserve the thread of continuity is a central survival instinct"[6]. It underpins not only our definition of change, but provides the framework through which we learn from it.

Much of the motivation behind changes in family life, as I noted earlier, was an expression of a desire to break free from the constraints of a culture which inhibited exploration of human fulfillment and creativity. This escape from cultural repression quite naturally induced changes in family relations, for these were perceived as one of the generative sources of social order and psychological constriction. The end result of this process was a loosening of family structures - the creation in society of a continuum of familial life styles stretching from the single person to the collective. And more importantly, the granting of social legitimacy to these multiple family forms.

The cumulative effect of these attitudinal, value and structural changes in family life has not been unconditional happiness. Rather, many people today experience a feeling of sadness, loss and nostalgia. The same two-thirds majority who express reduced commitment to their parents, spouse and children also report a desire to "return to more traditional standards of family life and responsibility".

When one probes this longing for traditional virtue, however, one discovers that people do not want to return to the "old rules" governing sexual relations, spic and span housekeeping, or male monopoly of paid work. What they do yearn for, grieve for, if you like, is a return of the warmth of family life. Thus my point about the intermingling of loss and grief with change.

Where does all of this leave us at this juncture in the history of family relations? It appears that out of the social experimentation of the past twenty-five years people have formulated, for themselves and our culture, a rather delicate issue: Is it possible to preserve or regain, as the case may be, the warmth, closeness and creativity of family life without, at the same time, forfeiting the hard won freedom to choose. This is the essential ying/yang of contemporary family life and shows clearly why either/or thinking is incapable of rendering either intelligent understanding of the family or effective responses to it.

What we require today is to set in motion the forces of cultural imagination and to focus those forces on at least three things:

(1) Our contemporary image of the family as a restrictive and essentially uncreative environment.

(2) The professional and bureaucratic structures with which we have encircled the family.

(3) The need to evolve a new image of the family which can accommodate within it our desires to preserve continuity and change.

In the remainder of my remarks, I would like to offer a glimpse of how one might approach these issues.

We worry far too much about the form of the family, so much so that it often blinds us to the creative process which familial environments house. Indeed, the very existence of alternative family forms is a testimony to the creative adaptiveness of the family.

The family is, in essence, a process of continuous creation of human beings and the society in which they live. It is, as Elise Boulding has observed, a workshop in learning and social change.[7] Since there is more than one generation within the family, it binds tomorrow to past and present. For a child the parent is tomorrow; for a parent the child is both yesterday and tomorrow.

Within the family, as a consequence, each of us relearns all of the roles of the entire life span each day. In other contexts we can often escape the knowledge that those older and younger than ourselves have entered the time-stream of history at different points and see different realities. In the family, we cannot ignore the vastly different memory stocks of each member, the different images of possible futures we carry. "Past and future sit daily at the dinner table".

This image of the family as a creative context, a context of learning, could be reinforced by substantial research which documents the family's crucial role as a context of learning, not only of such things as values, language, and learning codes, but also of its role as a substantial source of informal economic activity and healing. Suffice it to say, that most of the so-called "skills for living" which we require, as well as the value framework through which we apply them, are acquired in the family and only honed or refined in other settings. If one can say anything with certainty about the family, it is that it offers a difficult and demanding way of life; one which forces us to be creative.

This very difficulty, exacerbated by an increasingly complex society, however, appears to have engendered the naive belief that we should and could somehow transfer many of our familial obligations and involvements to professionals with no net loss in the primary benefits which flow from direct engagement with the process of family living. As people began to break free of the cultural constrictions of family life and experiment with alternative ways of grasping self-fulfillment, in other words, they more or less hedged their bets. What they left behind, stable psyches, caring relationships, and security, they wanted to somehow preserve, just in case the experiment failed. This preservation they entrusted to a host of so-called "helping professions" who have

increasingly been drawn into family relations as "foster care-givers", there to guarantee education, health and personal well-being. Failures in any one of these areas are now judged as "professional failures". "You didn't educate me, make me healthy, or make me happy", is the current public outcry directed at the professions. The only response of professions to this criticism seems to be to cry that they are underfunded, overworked or inadequately prepared, a response which only serves to legitimate the expectations which they claim they should not be expected to meet.

The time has now arrived, in light of the escalating and unrealistic expectations held by society for the professional, to evolve a concept of professionalism which will allow people to buy back into their own lives and problems. We must find ways to allow people a greater voice and to accept more responsibility for the conditions of their learning, work, and health. The pursuit of this goal need not be a solitary quest, if we, as a society, foster and build upon the familial resources which already exist.

The potential benefits of this strategy can be illustrated by drawing upon an example from the field of medicine itself. A growing body of evidence is accumulating to substantiate a long-standing cultural belief that human relationships are critical to the maintenance of our

physical and mental well-being. In fact, social isolation, lack of human companionship, sudden loss of love, death, absence of parents in early childhood, chronic loneliness and, indeed marriage break-up - have been found to be significant contributors to premature death. This idea that the ability to live together influences health, seems strangely unscientific in the face of such standard brand approaches to preventive care like dieting, innoculations and exercise. But is it indeed?

The by now famous Framingham studies provide an interesting backdrop to the preceding point. In 1948, the U.S. Government joined forces with medical science to attempt something unique - a kind of Manhattan project for health. Framingham, chosen for its status as a typical American community, was to be tracked over time to assess the causes of heart disease. In fact 5,127 volunteers were selected and asked to participate in a study that might last the rest of their lives. Each participant received a physical examination, including blood test, electrocardiograms, Xrays and blood pressure readings. This study has now a life of 30 years. Over this period, the computers have established certain factors as statistically connected to coronary heart disease: (1) elevated blood pressure, (2) elevated serum cholesteral, (3) cigarette smoking, (4) left ventricular hypertrophy, (5) glucose intolerance. These were the so-called "risk factors".[8]

Noticeably absent in the Framingham studies was any attempt to collect psychological or social data. In fact, the researchers declared in 1968, for example, that stress was not linked to heart disease. This, despite the fact that many of their own indicators - elevated blood pressure, smoking, obesity and cholesteral - have since been linked to environmental stress. As some researchers have asked: Could the same dietary intake of cholesteral be absorbed differently depending on your level of anxiety? Does food digested in a socially stable community like Framingham have the same effects as food digested in Reno, Nevada?

Recently, the Framingham data has been assessed in light of those things which the researchers took for granted. For example, from the very beginning the incidence of coronary heart disease in Framingham has been far below what experts had originally predicted. In 1968 for example, some 3785 of the original group were still free of heart disease, 808 fewer than predicted. As well, 73.2% of the original sample by 1976 were still alive. Why are so many people still alive and healthy in Framingham. Did the life style of Framingham somehow promote longevity?

The questions posed about Framingham can be applied to recurrent findings in medical research:

(1) How does one explain a death rate from heart disease that is as much as 2 - 5 times higher for non-married persons than for married?

(2) Why do young widows and widowers die at higher rates than old widows and widowers?

(3) Why is there a 4-fold rise in beuccal cancer, and 2-fold rise in lung cancer, among while male divorcees?

(4) Why do the non-married always have higher death rates (5 times those of married)?

And lastly, why, despite the consistent relationship between marital status and cardiovascular death does most biomedical research ignore this influence? We now jog to "keep in shape" physically, and to prevent heart disease. What do we do to keep in shape relationally?

What is it that allows us to wage war against heart disease while, at the same time, ignoring the link between disrupted social relationships and premature death? Why do we tolerate social situations that seem to lend inexorably to our own physical destruction? Why do we build elaborate and expensive hospitals to save peoples' lives, only to discharge some of them back into homes of such acute social isolation that their lives will be quickly terminated?

Loneliness is ultimately an internal subjective human experience. In order to combat its lethal influence, medicine must, to an extent, reconsider the conventional definition of its professional role: to go beyond the current scientific - objective approach to disease and health. This will involve consideration of a number of aspects of medical practice:

(1) Examining the extent to which medicine's assumptions about the causes of disease contribute to them.

(2) Supporting research aimed at exploring the connection between disease and varied aspects of human relationships.

(3) Bringing to peoples' attention, as advisers to society, the fact that a person's familial life should be taken as seriously in health as such physical factors as cholesteral.

(4) And lastly, to develop models of practice in which physicians work <u>with</u> families in the cause of health.

On this latter point, you have available to you an historical role model, the "family physician" - that ICOBAD CRANE like traveller who, at one time, actually worked with people in their own homes.

I am sure that many of you are now quietly thinking that you would like to visit families, but the system chains you to your office. Undoubtedly this is true, but you have participated in designing the medical system and do choose to play by these rules. And this brings me to my concluding point.

If, as I have argued, the family is a creative force in society, and one which can express itself through a variety of forms and shapes, how then can we re-perceive and redesign our social environment in ways which will allow for family creativity? This process, at root, requires that our culture evolve a new image or metaphor of the family one which transcends the "golden age" or "therepeutic" images which currently structure our views of reality.

In this regard, we at the VIF have talked of the need to develop an "ecology of the family". Put simply, this image focuses attention on those patterns which connect family to the larger context in which it exists. It forces us to ask rather different questions than those which flow from the golden age or therepeutic images. What, for example, connects the micro-chip to the family? What connects economic policy to the family and the family to economic policy? What connects the condition of parental work to the development of a child?

One thing which this image and its associated style of analysis makes clear is that decisions and actions which we take in spheres of life beyond the family mould and shape the quality of familial life. When we organize ourselves for work, when we develop opportunities for learning, when we introduce new technologies, when we design institutions for the care of the sick, elderly or disabled, when we produce goods and services and when we shape public policy, we are either enhancing or retarding familial creativity and growth. This is why, for example, medical policy and practice is family policy and practice.

This ecological image of the family, to some extent, de-centers the locus of individual perception away from self toward connectedness with the world. This image implies as well the will to imagine and create a culture which is not founded on dichotomies, whether they be embedded in our thinking, values or the roles and institutions which we create to express them. The achievement of this future will not be a function so much of the application of our analytic abilities and bureaucratic systems, but of the injection into our human relationships of our aesthetic and ethical sensibilities.

As family physicians, the ecological ethic asks you to be less a scientist and mechanic and more an artist and humanist.

An ecological image of the family highlights the web of interrelationships in which the family exists. People who are charged with understanding and working with families, as I presume family physicians are, must accept this interconnected environment and adopt appropriate modes of functioning within it. In this regard, the willingness and ability to engage in processes of human exchange are critical.

Human exchange, in its most general meaning, involves the ability to give and receive mutually. The process of human exchange transcends anything which can be measured with scientific instruments. Real exchange is a process not a thing. No material substitute, no simple "thing" can fill the human need for exchange. It is, moreover, spontaneous, reciprocal and dynamic, changing even as we engage in it. These traits of human exchange explain why it is that, unlike physical disease, it cannot be packaged, codified or classified. If it could be, indeed, the very dynamic would be destroyed.

Knowledge about human exchange can only be usefully employed when the inherent limitations of "objective" solutions are recognized and other non-scientific approaches are appreciated. To argue that unmeasurable dimensions of human relationships affect our health, and the healing process, is difficult for a scientist to digest, for it suggests an applauding of mysticism and irrationalism.

To admit that human relationships may entail nonmeasurable process, however, does not mean that one should abandon further scientific study. Instead, it is a call for a return to a more balanced view of the human being, one which recognizes what can and cannot be learned scientifically about human relationships.[9.]

In our culture we have substituted professional service for human exchange. That human exchange which once flowed from families, neighbours, elders, and, indeed "family doctors", is now purchased from psychologists, psychiatrists, counsellors and social workers or programmed by so-called serving institutions.

Medicine is a case in point. Prior to 1900, very few medicines were available which could be prescribed as effective combatants of disease. Physicians were forced to rely on the power of their own presence and, consequently "bedside manner" and "familial communication" were recognized as potent sources of healing.

With the emerge of various drugs, the physician's attention shifted from human exchange to scientific medicine. Objective knowledge, rather than the person who dispensed the knowledge, was established as the key ingredient in healing. Public reaction to this change was enthusiastic and with it was born the expectation of "immediate relief".

Increasingly, it became difficult for people, or their physicians, to see the value of human exchange in healing. The outcomes of this process are a drug-dependent culture, a bureaucratized health care system and an assembly-line for a physicians office.

We have gone about as far as we can in this process. Further refinements in drugs, bureaucracy or medical assembly-lines appear now to be generating effects counter to the health and well-being of both physician and patient. In fact a new category of disease has emerged, that is one which is iatrogenic or doctor and hospital induced. Patients and potential patients, as well, are increasingly distrustful of the ability of bureaucratized science to guarantee them either health or relief. An increasing number of physicians, as well, seem to be rebelling against the inhumanity of what we still euphemistically refer to as medical practice. This rebellion is masked unfortunately by an apparent desire to re-establish a human relationship with patients through the vehicle of direct fee payment.

If what I have argued is a plausible analysis of the development of medical practice over the past hundred years, and if we find that to be an unacceptable outcome or at least recognize that we have some unfinished business left, then it would seem to follow that the "cure", to use a pun, is to be found in the opposite direction. This coin-flipping approach to change, however, would trap us in the same dichotomous style of thought that brought us to this very point.

The cure is not to be found in going back, for this would deny our accumulated knowledge, but in establishing those criteria we wish to employ as we go forward.

These criteria can be found, I would argue, if one assesses some of the central tendencies inherent in the development of our technology, medical technology included, over this past century. Somewhere we have made a wrong turn.

Firstly, in quest of so-called economies of scale, there has been a trend for everything to become bigger and bigger. The second tendency is that things are becoming and indeed are made more complex. Now some things by their nature are complex. But should we not assess things in light of the question of whether they need to be so complex? The third tendency flows from the first two. Things have become so capital costly that you have to either be rich and powerful to do anything or be backed by the full force of government. The result is that more and more people are excluded from the system. Physicians are the most recent example of a group who are excluded from determinations of the health care system. Patients, of course, were excluded long ago. The fourth tendency is inhumanity, the design of systems as if humans were not part of them, be that the workplace, the educational system, the health care system or what have you.

Although the time for this presentation does not allow for a thorough exploration of these tendencies, they do yield, I believe, an agenda of questions for you, as advisers to society, to consider in a reformulation of medicine in light of familial principles. What then are these questions: They fall into four categories.

Scale

It is possible to do things within a human scale. In fact many of our technological breakthroughs if used properly allow us to do this. In what areas of family practice is it possible to reduce the scale of operations to meet basic human requirements?

Simplicity

Any third rate engineer can make a complicated apparatus more complicated. It takes a creative mind to draw oneself to basic principles, which are usually simple. Can you distinguish between what is essential in medical practice and what is unnecessary growth?

Cost

If one recognizes that immense capital requirements reflect a principle of exclusion, incompatible with the principles of justice and equity, then it is possible to see cheaper ways of doing things. Can you create cheaper ways of accomplishing the goals of medicine?

Humanism

No preface is required here for my address has focused on it. Can you find ways to rebuild human exchange and familial principles back into medical practice?

These four questions, and the guidelines they reflect, may seem to be rather simple in their nature. I would agree; they are, and that is their virtue.

FOOTNOTES

1. Sylvia Wargon, The Family In Canada (Ottawa: Statistics Canada, 1979).

2. See D. Yankelovitch, New Rules (NY: Harper-Row, 1981).

3. See Carl N. Degler, At Odds: Women and The Family In America From The Revolution To The Present (NY: Oxford University Press, 1980).

4. Yankelovitch, op. cit. p. 25.

5. See Communications, Technology and The Human Process, (Ottawa, Vanier Institute of the Family, 1978).

6. P. Morris, Loss and Change (NY: Anchor, 1975), p. 20.

7. Elise Boulding, The Place of The Family In Times of Transition (Ottawa, Vanier Institute of the Family, 1981).

8. James Lynch, The Broken Heart: Medical Consequences of Loneliness (NY: Harper, 1979).

9. See Joseph Chilton Pearce, The Bond of Power (NY: E.P. Dutton, 1981).